

Address

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This lecture was appropriate for me to give at this time after my several preceding lectures on Violence in America and frequent allusions to television. I tried to be a peacemaker and as I note later in parenthesis, the television networks responded remarkably well. The venue was George Washington University; the audience was as diverse as one could wish. (See intro to March 10, 1984 lecture to Catherine Genevieve Memorial Conference)

This lecture started off with a definition of an epidemic as being "the occurrence of case or cases of an illness beyond what we might expect based on past experience". Television violence qualifies. To back this statement up, I discussed in some detail murder rates among young adult white males over the past thirty years; compared to 1965 the population grew by 17 percent, but the homicide victims increased by 400 percent. Suicide rate has tripled from what it was in 1950 among black and white young men and young white women. The death rate from motor vehicle accidents has climbed to triple the homicide rate.

But there is more to violence than death. Child abuse, for example has more than doubled over the past six years and good estimates suggests that indeed the mortality figures stated above are probably off by at least 50 percent, because of unreported violent crime.

I then turned to the difference between the real world of violence, which is a nightmare, to the fantasy world of violence on television. Writing this introduction twenty years after I gave the lecture, I still wonder about the terrible impression given our children by television that the most terrific assaults result in so little injury to the one who survives; the other is usually dead.

Speaking in that day, I opined that the root of the government's concern with violence was the human toll of violence in the form of personal, individual, irreparable catastrophes. Every new victim is a direct challenge to one's own sense of humanity; you cannot allow yourself to turn away. It was Jessie Steinfeld, one of my predecessors in this fascinating job of Surgeon General, who first took a look at television violence way back in 1969; the National Institutes of Mental Health turned out its first report in 1972. Ever since then, the Public Health Service and its Surgeons General have remained close to this issue.

It was made clear that I was not at all happy at the adversarial tone that permeates all discussions between the mental health community and the television networks, understandable though the reasons might be. Both sides carry misconceptions at all times. First, the National Institutes of Mental Health studies zero in on the possibility of television having a serious, adverse effect on behavior, especially of children, but it does not follow that such studies can become the bases for further regulation of the industry. Second, we must see that the TV industry is exactly that – an industry functioning within the American marketplace economy and as such, each network and each station has certain responsibilities that are fundamental to any business or industry. But regardless of the anxieties we may have about their conduct now and then, all our media have done very well in maintaining this touchy balance between profitability and social utility. Thirdly, we may have our differences over how to define the term “violence”, but sometimes there is unanimity; some shows will have a segment that teeters along the edge of what can be tolerated, and the public health people leap to some murky judgments about the broadcaster’s motivation, when the real issue is, “Why on earth does anybody watch that stuff?”

It may be upsetting when one or another network broadcasts violent programs, and attracts a larger “audience share”, but the question still remains why the audience switches to that channel to watch it. We can’t answer the second question, if we continue to be frustrated over the first. I think we need further research into the motivations of the audience, rather than continuing pounding away at the broadcaster. Refusing to broadcast those shows would be ruinous for a network and trigger a loud complaint from the viewing public. What we need to find out is why that should be?

Then I broached the subject that, because of so much attention, did pave the way for some change. I said that we ought to be at that stage now when we no longer have to trade research studies like cannon volleys between the Public Health Service in Rockville, Maryland and the home of television on 6th Avenue in New York City.

(Honest people can differ about these things, but at this stage it is almost beside the point. As a result of these comments, I met with the high brass of the three then major television networks and eventually one of their number was assigned to my office for the next two years to see how we could work things out.)

I then turned slightly and talked about the presence of fear in practically every cohort of our society. This is in spite of an extensive two hundred year old body of American law to protect the weak and the innocent; Americans who are weak and innocent do not feel secure. We know very little about this, and we should learn more. The political and social life of a nation is endangered when more and more people withdraw from the real world to find sanctuary. One of the complaints against television is its stereotype portrayal of victims – they do tend to be children, women minorities, or old people, and in this way TV not only mirrors real life, but it reinforces the victims perception of life as a terrible ordeal,

It seemed necessary to draw attention to the paradox that all the above being true, we are still a generous, giving people in this country. We even have our heroes. We are a country that at every level delivers many health and social services; we nevertheless have the most active and successful examples on this planet of private charity.

I reminded the audience that the disengagement and disconnection of the public from the violence around them is now being called the “Kitty Genovese Syndrome”. How many of us can be so labeled? And if your answer is, “I honestly don’t know what I’d do”, then isn’t it time we direct more of our resources to address that dilemma.

I closed by saying that I did not entirely despair of the television industry, but regretted that while we had the rhetoric we don’t know how to guarantee that the rhetoric will come alive and happen. Television is an extraordinary medium and for many millions of Americans it is their best connection to the rest of society and the world. I never forget that many times in the course of a broadcast day, American TV will reveal its good humor, gentleness, and human caring. We don’t want to lose that either.

Bystander behavior
Death rate from motor vehicle accidents
Definition of epidemic
Experience of fear in our society
Flu epidemic of 1980
Homicide rate
Hostility of the Public Health Service vs.
television hostility
Many guises of violence
Marketplace, economics, and television
violence
Motivation to enjoy violence
Paradox of violence in our giving society
Real life vs. the fantasy life of TV
Regulation vs. non-regulation of TV
content
Report on Violence on Television (1972)
Social violence caused by popular shows
Stereotype victims: children, women,
minorities, elderly
Stress post-violence
Suicide rate
Violence as an irreparable catastrophe
Violence Epidemiology branch of the CDC
Violence vs. infectious disease

Kitty Genovese
National Institutes of Mental Health
Leonard Skutnik
Jesse Steinfeld